

<b>Case Number:</b>	CM15-0002146		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	04/02/2014
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49-year-old female on 04/02/2014. The mechanism of injury was due to pulling flats/trays of nail polish and feeling a pain in her shoulder and upper arm. The injured worker's diagnoses consist of right shoulder sprain/strain, right shoulder osteopenia, status post drainage of ganglion cyst in the right wrist, clinical carpal tunnel syndrome and right upper extremity neuropathy/radiculopathy. Past medical treatment consists of surgery and medication therapy, medications consistent of diazepam 5 mg, naproxen 550 mg and tramadol ER 150 mg. On 11/12/2014, the injured worker underwent a urine drug screen, which was abnormal. On 09/11/2014, the injured worker reported for a follow-up appointment and complained of severe right shoulder pain that radiated into the neck. The injured worker stated that the pain was well controlled with medications. She denied any side effects with the exception of headaches. Physical examination of the shoulders revealed tenderness to palpation with spasm of the right upper trapezius muscle and right AC joint. Range of motion of the bilateral shoulders was limited secondary to pain. Medical treatment plan is for the injured worker to continue with medication therapy and undergo physical therapy. Rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**30 Tablets of Diazepam 5 MG with 1 Refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The request for 30 tablets of diazepam 5 mg with 1 refill is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines for long term use and most guidelines limit the use to 4 weeks. There is a high risk for psychological and physiological dependency. The clinical documentation indicated that the injured worker had been on this medication for an extended duration of time. Additionally, the efficacy of the medication was not submitted for review. Therefore, the continued use would not be supported. As such, the request is not medically necessary.

**60 Tablets of Naproxen 550 MG with 1 Refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The request for naproxen 550 mg with 1 refill is not medically necessary. The California MTUS Guidelines indicate that NSAIDs are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with individual patient treatment goals. There should be documentation of objective functional improvement and objective decrease in pain. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that the medication was helping with any functional deficits the injured worker was having. Additionally, there was no documented evidence of objective functional improvement or a decrease in pain. Given the above, the request would not be indicated. As such, the request is not medically necessary.